

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36379

State File No.

164

FILED NOV 22 1950

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 355

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____		c. CITY (If outside corporate limits, write RURAL and give township). OR TOWN <u>Cape Girardeau</u> 0164	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1619 Broadway</u>		d. STREET ADDRESS (If rural, give location) <u>1619 Broadway</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dellie</u> b. (Middle) <u>-</u> c. (Last) <u>Zee</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 13 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>9</u>	8. DATE OF BIRTH <u>Feb 22-1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>St. Clair Co. Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>John Mangrum</u>		13b. MOTHER'S MAIDEN NAME <u>Elyza Conder</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Thos E. Hanna Cape Girardeau Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiac</u> DUE TO (c) <u>Vascular Disease</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arterio sclerosis generalized</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Nov 13, 1950</u> , to <u>Nov 13, 1950</u> , that I last saw the deceased alive on <u>11-13, 1950</u> , and that death occurred at <u>1:45 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Edward D. Campbell</u>		23b. ADDRESS <u>Cape Girardeau Mo</u>	
23c. DATE SIGNED <u>11/14/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>11/15/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cem</u>	
24d. LOCATION (city, town, or county) (State) <u>Charle Ill</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Hawley - Cape Gir</u>	
DATE REC'D BY LOCAL REG. <u>11-14-1950</u>		REGISTRAR'S SIGNATURE <u>Lois Sumner</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

NOV 20 1950

DISTRICT HEALTH OFFICE No.

..e No.....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Signed.....
Charles Crame
Student Embalmer

Student Embalmer No.....388

Signed.....
J. L. Howell
Licensed Embalmer No.....3890
P. O. Address.....Cap. Harrison

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.